PART B - FEE(S) TRANSMITTAL

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| 7590 01/22/2007 | | | | | _ | |
| Bennett J. Bers Quarles & Brad 1 South Pinckne | y LLP | | I he Sta add trar | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| P O Box 2113 Madison, WI 53701-2113 | | | | | | (Depositor's name) |
| Madison, W1 53 | 701-2113 | | <u> </u> | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/017,410 | 12/14/2001 | | Peggy J. Farnham | | 960296.97401 | 1459 |
| TITLE OF INVENTION: LIVER TUMOR MARKER SEQUENCES | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 04/23/2007 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | |
| YU, MISOOK 1642 | | 1642 | 536-023100 | _ | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
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| Please check the appropr | riate assignee category or | categories (will not be pr | rinted on the patent): | Individual 2 Co | poration or other private gro | oup entity Government |
| Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10 | | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form). | | | |
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| | | | | | L ENTITY status. See 37 C tered attorney or agent; or the | ne assignee or other party in |
| Authorized Signature | 701 | Zeemand Trademark | Comce. | Date | 04/17/2007 | |
| Typed or printed name Zhibin Ren | | | Registration No. 47,897 | | | |
| mis tottii succel 2088cst | ions for reducing this bu Virginia 22313-1450. DC | raen, snouia de sent to th | e Uniei iniormation Utile | ct, U.S. Patent and I | e public which is to file (an inutes to complete, includin nments on the amount of ti rademark Office, U.S. Dep SEND TO: Commissioner | d by the USPTO to process) aggathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, |

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